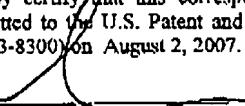


**RECEIVED  
CENTRAL FAX CENTER**

AUG 02 2007

**COVER PAGE LISTING DOCUMENTS BEING TRANSMITTED VIA FACSIMILE**

**2 Pages Via Facsimile: 571-273-8300**  
**Commissioner for Patents**  
**P. O. Box 1450**  
**Alexandria, VA 22313-1450**

<b>Certificate of Transmission</b>
<p>I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (fax no. 571-273-8300) on August 2, 2007.</p> <p style="text-align: center;"> Caleb Pollack Reg. No. 37,912</p>

Regarding the following Application:

**Applicant(S): DALY, Daniel F. et al. Examiner: ARMSTRONG, ANGELA A**

**Serial No./  
Patent No.: 09/672,148 Group Art Unit: 2626**

**Filed/Issued Date: September 28, 2000 Attorney Docket No.: P-9766-US1**

**Title: MODULAR DIGITAL RECORDING LOGGER**

**Please find:**

<p>1. <input type="checkbox"/> Provisional Cover Sheet          2. <input type="checkbox"/> Utility Patent Application Transmittal          3. <input type="checkbox"/> RCE Transmittal Sheet          4. <input type="checkbox"/> Fee Transmittal Sheet          5. <input type="checkbox"/> Patent Application Under 35 USC 111(a)  <input type="checkbox"/> Provisional Patent Application Under 35 USC 111(b)</p> <p><input type="checkbox"/> Transmittal Sheet for Entering National Phase          Containing:              ____ Pages of Specification              ____ Pages of Claims              ____ Page of Abstract              ____ Pages of Formal Drawings              ____ Pages of _____</p> <p>6. <input type="checkbox"/> Signed Declaration &amp; Power of Attorney          7. <input type="checkbox"/> Request for Correction of Recordation of Assign. and:              - Recordation Cover Sheet              - Copy of Notice of Recordation of Assign.          8. <input type="checkbox"/> Recordation of Assign. Cover Sheet &amp; Signed Assign.</p>	<p>9. <input type="checkbox"/> Response to Notice to File Missing Parts          10. <input type="checkbox"/> Response to Notice of Incomplete Reply          11. <input type="checkbox"/> Request for Correction of Filing Receipt          12. <input type="checkbox"/> Information Disclosure Statement including:              - Form PTO/SB/08 and references _____          13. <input type="checkbox"/> Preliminary Amendment          14. <input type="checkbox"/> Response to Office Action              dated _____</p> <p>15. <input type="checkbox"/> Petition for a One Month(s) Extension of Time          16. <input type="checkbox"/> Notice of Appeal   <input type="checkbox"/> Appeal Brief _____          17. <input type="checkbox"/> Issue Fee Transmittal   <input type="checkbox"/> Publication Fee          18. <input type="checkbox"/> Submission of Formal Drawings: Two sets of              Sheets containing Fig. _____</p> <p>19. <input type="checkbox"/> Copy of Priority Doc.          20. <input type="checkbox"/> Claim for Convention Priority          21. <input type="checkbox"/> Revocation and Power of Attorney, including:              - Statement Under 37 CFR 3.73(b)              - Copy of Assignment</p> <p>22. <input checked="" type="checkbox"/> Other: Change of Correspondence Address</p>
---	--

RECEIVED  
CENTRAL FAX CENTER

AUG 02 2007

Please type a plus sign (+) inside this box →

PTO/SB/123 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS</b>		Patent Number	P-9766-US1
<i>Patent</i>		Issue Date	
		Application Number	09/672,148
Address to: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450		Filing Date	September 28, 2000
		First Named Inventor	DALY, Daniel F.

Please change the Correspondence Address for the above-identified patent to:																											
<input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px;">49443</span> →		Place Customer Number Bar Code Label here																									
Type Customer Number here																											
OR																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;"><input checked="" type="checkbox"/> Firm or Individual Name</td> <td colspan="3" style="width: 75%; padding: 2px;">Pearl Cohen Zedek Latzer, LLP</td> </tr> <tr> <td style="width: 25%; padding: 2px;">Address</td> <td colspan="3" style="width: 75%; padding: 2px;">1500 Broadway</td> </tr> <tr> <td style="width: 25%; padding: 2px;">Address</td> <td colspan="3" style="width: 75%; padding: 2px;">12th Floor</td> </tr> <tr> <td style="width: 25%; padding: 2px;">City</td> <td style="width: 25%; padding: 2px;">New York</td> <td style="width: 25%; padding: 2px;">State</td> <td style="width: 25%; padding: 2px;">New York</td> </tr> <tr> <td style="width: 25%; padding: 2px;">Country</td> <td colspan="3" style="width: 75%; padding: 2px;">U.S.A.</td> </tr> <tr> <td style="width: 25%; padding: 2px;">Telephone</td> <td style="width: 25%; padding: 2px;">(646) 878-0800</td> <td style="width: 25%; padding: 2px;">Fax</td> <td style="width: 25%; padding: 2px;">(646) 878-0801</td> </tr> </table>				<input checked="" type="checkbox"/> Firm or Individual Name	Pearl Cohen Zedek Latzer, LLP			Address	1500 Broadway			Address	12th Floor			City	New York	State	New York	Country	U.S.A.			Telephone	(646) 878-0800	Fax	(646) 878-0801
<input checked="" type="checkbox"/> Firm or Individual Name	Pearl Cohen Zedek Latzer, LLP																										
Address	1500 Broadway																										
Address	12th Floor																										
City	New York	State	New York																								
Country	U.S.A.																										
Telephone	(646) 878-0800	Fax	(646) 878-0801																								
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).																											
This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).																											
I am the :																											
<input type="checkbox"/> Patentee.																											
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																											
<input checked="" type="checkbox"/> Attorney or agent of record.																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Typed or Printed Name</td> <td style="width: 25%; padding: 2px;">Caleb Pollack</td> <td style="width: 25%; padding: 2px;">Registration No.</td> <td style="width: 25%; padding: 2px;">37,912</td> </tr> <tr> <td colspan="4" style="padding: 2px;">Signature</td> </tr> <tr> <td colspan="4" style="padding: 2px;">Date</td> </tr> </table>				Typed or Printed Name	Caleb Pollack	Registration No.	37,912	Signature				Date															
Typed or Printed Name	Caleb Pollack	Registration No.	37,912																								
Signature																											
Date																											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																											
<input checked="" type="checkbox"/> *Total of 1 forms are submitted																											

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES and Completed Forms to the following address: Assistant Commissioner for Patents, Washington, DC 20231.